

**Town of Acton
Notice of Hearing**

7/14 (7)

Notice is hereby given under Chapter 138 of the General Laws, that the Board of Selectmen will hold a hearing in Room 204 in the Acton Town Hall on July 14, 2003 at 8:15 P.M. on the application of Bickford's Family Restaurants, Inc., Manager, Amy L. Messier, for a All Alcoholic Beverage License as a Common Victuller at 20 Nagog Park, Acton, MA.

ACTON BOARD OF SELECTMEN

TOWN OF ACTON
472 Main Street
Acton, Massachusetts, 01720
Telephone (978) 264-9612
Fax (978) 264-9630

Don P. Johnson
Town Manager

June 17, 2003

Kenneth L. Allen
Bickford's Family Restaurants, Inc
1330 Soldier's Field Road
Boston, MA 02135

Dear Mr. Allen:

Enclosed please find a copy of advertisement to appear in the Acton Beacon on Thursday, June 26, 2003, at your expense.

The ABCC requires the time and date of such hearing for a license be placed in the local newspaper. Your hearing is scheduled for July 14, 2003 at 8:15 P.M. in Room 204 of the Acton Town Hall.

You must notify the abutters of your application by certified Mail Return receipt prior to the hearing. You may obtain a certified list from the Acton Assessor's Office. You are required to turn in the Green cards as proof of notification at the meeting on July 14th.

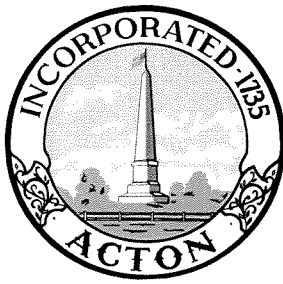
Your Liquor Serving Policy looks in good order except for the types of identification you will require for proof of age. I suggest you expand the policy to list the accepted types of identification your employees will ask for.

If you have any questions prior to that date, please feel free to call me at 264-9612.

Very truly yours,

Christine M. Joyce
Town Manager's Office

cc: File
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TOWN OF ACTON
472 Main Street
Acton, Massachusetts, 01720
Telephone (978) 264-9612
Fax (978) 264-9630

Don P. Johnson
Town Manager

June 17, 2003

The Acton Beacon:

Atten: ACTON BEACON LEGAL REPRESENTATIVE

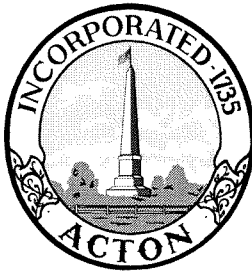
Please place the following Legal **Notice** in the Thursday, June 26, 2003 edition of the Acton Beacon. *Please send bill to:*

Kenneth L. Allen
Bickford's Family Restaurants
1330 Soldier's Field Road
Boston, MA 02135
(617) 782-4010

Very truly yours,

Christine M. Joyce
Town Manager's Office

Please confirm receipt of this Fax to: Christine @ 978-264-9612
FAX 978-264-9630



TOWN OF ACTON
Health Department
472 Main Street
Acton, Massachusetts, 01720
Telephone (978) 264-9634
Fax (978) 264-9630

July 8, 2003

To: Christine Joyce

From: Heather Marceau, Health Agent

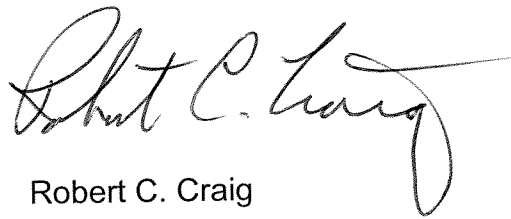
Re: Liquor License Request - Bickford's Family Restaurant, 20 Nagog Park

This memo is written in response to the recent application made by Bickford's Family Restaurant for a Liquor License. On June 24, 2003, I conducted a routine inspection of this food service establishment and made a follow-up inspection on July 8, 2003. At this time, the establishment has been found to be in compliance with the Food Code and the Health Department has no outstanding issues with Bickford's at this time.

INTEROFFICE MEMORANDUM

TO: CHRISTINE JOYCE, TOWN MANAGER'S OFFICE
FROM: ROBERT C. CRAIG, FIRE CHIEF
SUBJECT: LIQUOR LICENSE – BICKFORD'S FAMILY RESTAURANT INC – 20 NAGOG PARK DR.
DATE: JULY 9, 2003
CC:

Please be advised that after review of this application, I have no objection or comment relative to the issuance of a full liquor license for Bickford's.

A handwritten signature in black ink, appearing to read "Robert C. Craig". The signature is fluid and cursive, with a large, sweeping "C" and a long, horizontal stroke extending to the right.

Robert C. Craig

Fire Chief

TOWN OF ACTON

Building Department

INTERDEPARTMENTAL COMMUNICATION

To: Don P. Johnson, Town Manager **Date:** June 26, 2003

From: Garry A. Rhodes, Building Commissioner



Subject: Liquor License – Bickford's Family Restaurant 20 Nagog Park

I have reviewed the request for a liquor license for Bickford's Restaurant. I do not have any comments.

BOS

Acton Police Department

InterDepartmental Memo

From: Frank J. Widmayer, Chief of Police

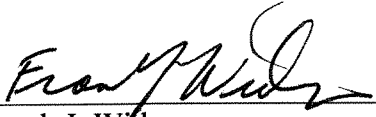
Date: June 19, 2003

To: Don Johnson, Town Manager

Subj: Liquor License – Bickford's Family Restaurant, Inc.

I have reviewed the license application submitted by Bickford's for a full liquor license.

I have no objections to the issuance of said license.



Frank J. Widmayer
Chief of Police

Town Manager's Office

INTERDEPARTMENTAL COMMUNICATION

To: Board of Health, Building Comm., Police & Fire Chiefs

Date: 6/17/03

From: *Christine Joyce, Town Manager's Office*

Subject: Liquor License- Bickford's Family Restaurant, Inc. – 20 Nagog Park

Enclosed please find a copy of the application for a Full Liquor license for Bickford's

The public hearing is scheduled for ~~7:05, April 22, 2002.~~

July 14th

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Bickford's Family Restaurants

1330 SOLDIER'S FIELD ROAD, BOSTON, MASSACHUSETTS 02135
TELEPHONE 617-782-4010
FAX 617-783-2554

June 12, 2003

Board of Selectmen
Town of Acton
472 Main Street
Acton, MA 01720

RE: Bickford's Family Restaurant
20 Nagog Park, Acton, MA

Dear Members of the Board:

I am writing to indicate Bickford's Family Restaurant's interest in applying for an alcoholic beverage license for our restaurant at 20 Nagog Park.

We have significantly upgraded our dinner menu to include high quality steaks and fresh seafood, including scallops, lobster, haddock, and full-bellied clams. In support of these menu enhancements, we would like to be able to offer our guests the opportunity to enjoy an alcoholic beverage.

We have extensive experience operating restaurants that serve alcohol. We hold liquor licenses for 6 locations in Massachusetts, 8 in New Hampshire, 4 in Rhode Island, 2 in Connecticut, and 1 in Vermont. We have TIPS trainers on staff and provide all employees who serve alcohol with TIPS training.

Accordingly, I am enclosing Bickford's Family Restaurants, Inc.'s Application for an All Alcoholic Beverage License. Included in the submission are the following documents:

1. Five page Application for Alcoholic Beverage License for Retail Sale, with attachments:
 - Schedule of Officers and Directors of Bickford's Family Restaurants, Inc., and
 - Schedule of other Alcoholic Beverages Licenses held in Massachusetts;
5. Vote of corporate board;
6. Form A;
7. Corporate documents;
8. Floor plan of premises;
9. Liquor Serving Policy (This is contained in our Liquor Control Manual and is taught as part of the TIPS training program);
10. Check payable to ABCC for \$50.00; and
11. Lease documents

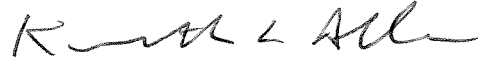
CHRIS HAS
SOME OF
THESE DOCS
THAT NEED
TO GO TO
ABCC ...
IF BOARD
MEMBERS
WISH TO REVIEW.
NOT ALL WERE
COPIED HERE.

DON

Please let me know what additional steps Bickford's will need to take in order to initiate the liquor license application process. Do we need to notify abutters or does the Board?

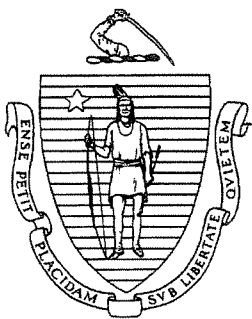
I look forward to having the opportunity to meet with you at the Board's earliest convenience in order to discuss our application further.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Kenneth L. Allen". The signature is fluid and cursive, with the first name "Kenneth" being more prominent and the last name "Allen" following in a similar style.

Kenneth L. Allen
Vice President & General Counsel

Enclosures



The Commonwealth of Massachusetts

Alcoholic Beverages Control Commission

239 Causeway Street

Boston, MA 02114

Application for Alcoholic Beverage License for Retail Sale

City/Town: Acton

- (X) New License () New Officer/Director
() Transfer of License () Other _____
() Transfer of Stock (specify)

Section 1

Name to appear on the license: Bickford's Family Restaurants, Inc.

Business Name (d/b/a, if different): Bickford's Family Restaurants

Manager of Record: Amy L. Messier FID of Licensee: 04-3539941

Address of Premises: 20 Nagog Park, Acton, MA Zip Code: 01720

Phone number of premises: 978.263.0442

Section 2 Type of license: (check one only)

- () Club () Package Store () Veterans Club
() General on Premise (XX) Restaurant () Other _____
() Innholder () Tavern

Section 3 License Category

- (X) All Alcoholic () Wine and Malt
() Malt Only () Wine Only
() Wine and Malt with Cordials Permit

Section 4 License Class

- (X) Annual () Seasonal

Section 5 Person (attorney if applicable) who can be contacted concerning this application

Name: Kenneth L. Allen, Esquire

Address: Bickford's Family Restaurants, 1330 Soldiers Field Rd., Boston,

Phone Number: 617.782.4010, ext. 3006 MA 02135

9c. If the applicant is a corporation, answer the following questions:

1. Are the majority of directors United States citizens? ☒ Yes ☐ No
2. Are the majority of directors citizens of Massachusetts? ☒ Yes ☐ No
3. Is the manager or principal representative a U.S. citizen? ☒ Yes ☐ No

Section 10 If the applicant is an association, provide in the box below the names of all association officers and members.

Title	Full Name	Home Address	DOB	SSN	Phone Number

10b. Attach a list of all members of the LLC.

Section 11 Will there be any construction, remodeling, redecorating or building on the premises for this license?
☐ Yes ☒ No (If yes complete a,b, c and d)

a. Give an exact description of the construction, remodeling, redecorating or building on the premises:

b. What are the estimated costs: _____

c. What is the construction schedule: _____

d. State all sources of construction financing: _____

Section 12

Do you own the premises? ☐ Yes ☒ No. If yes, please respond to the question below.

☐ As an individual ☐ Jointly _____ Name of Realty Trust

_____ Name of Corporation

☐ Other _____

(If you do not own the premises to be licensed, provide the following information about the owner.)

Name: Nagog Development Company Phone Number: 781.778.2500

Address: c/o Spaulding & Slye, 55 Hayden Ave., Suite 2100, Lexington, MA

02421-7996

12a. If a lease or rental, provide the following information: \$ 4,424.10 per month
(month, year, etc.)

Beginning date of lease 9/23/1980 Ending Date of lease 9/23/2020
(provide copy of the lease)

FINANCIAL

Section 13

What assets were purchased and cost? N/A. Bickford's Family Restaurants, Inc. has owned the premises since December 31, 2000.

Equipment: \$ _____ Furniture: \$ _____ Goodwill: \$ _____

Inventory: \$ _____ License: \$ _____ Premise: \$ _____

13a. Total Purchase Price: \$ N/A

13b. Identify below all sources of financing: N/A

Mortgage: \$ _____ Seller: \$ _____

Cash: \$ _____ Other (specify): \$ _____

Document all sources e.g. Loan papers, checking accounts, stock sales, etc.

13c. N/A

All other terms and conditions: _____
(provide purchase and sale documents)

13d. Are you seeking approval for license to be pledged: () Yes (X) No

If yes, to whom: _____

13e. Will the inventory be pledged: () Yes (X) No

If yes, specify to whom: _____

13f. If a corporation, are you seeking approval for any corporate stock to be pledged:

() Yes (X) No

If yes, identify to whom and identify the number of shares: _____

OWNERSHIP INTERESTS

Section 14 State the following information for all persons or entities who will have any direct or indirect beneficial or financial interest in this license:

Full Name	Home Address	DOB	SSN	Phone Number
Bickford's	Holdings Company, Inc., a	Delaware	corporation	
ELXSI, a	California	corporation		
ELXSI Corporation,	a Delaware	corporation		

14a. Describe all types of beneficial or financial interest each person or entity identified in Question 14 will have in this license:

Person or entity	Beneficial or financial interest
Bickford's	Family Restaurants, Inc. is a wholly owned subsidiary of Bickford's Holdings Company, Inc., which is wholly owned subsidiary of ELXSI, a California corporation, which is a wholly owned subsidiary of ELXSI Corporation, a publicly traded company on NASDAQ

14b. Does any person or entity listed in Question 14 have any direct or indirect beneficial or financial interest in any other license granted under Chapter 138?

(X) Yes () No

Name	Type of license	License Name and Address	Description of Interest
	See Attachment		

14c. Has any person or entity named in Question 14 ever held a license or a beneficial interest in a license issued under Chapter 138 which is not presently held? (X) Yes () No

(If yes, provide the following for each person or entity.)

Name	Type of License	License Name and Address	Date ownership surrendered
Bickford's	All Alcohol	75 Boston St., Boston	2000
Bickford's	All Alcohol	235 New State Hwy	10/1999
		Raynham, MA	

14d. Describe how all licenses in Question 14c were terminated (e.g. transfer of ownership, non-renewal, surrender, etc.)

Date	License	Reason why the license was terminated
	All Alcohol	Transfer of license ownership

14e. Has any person or entity named in Question 14 ever had a license suspended, revoked or cancelled?

() Yes (X) No
(If yes, provide the following information)

Date	License	Reason why the license was suspended, revoked or cancelled

14f. Has any person or entity named in Question 14 ever been convicted of violating any state, federal or military law? () Yes (X) No

15. a. Each individual applicant must sign.
b. Applications by a partnership must be signed by a majority of the partners.
c. Applications by a corporation must be signed by an officer authorized by a vote of the corporations Board of Directors.
d. Applications by an association must be signed by a majority of the members if the governing body. All signers must have answered question 10.
e. False information or failure to disclose are reasons to revoke a license or deny a license application.

Signed and subscribed to under the penalty of perjury, this 12th day of June, 2003.

By: Signature of Full Name

Title

Kenneth L. Allen Vice President



5/22/01

General policy for the service of alcoholic beverage.

The law requires we serve alcoholic beverages in a responsible manner. The following guidelines will assist you with that very important responsibility.

- Never knowingly, serve an intoxicated guest.
- Never serve a minor alcoholic beverages, it is a good policy to check ID for any individual who appears to be under the age of 30 years old. Beware of any identification that appears to be altered when in doubt, get a manager. **DO NOT** serve when you are not sure.

How alcohol affects the body

Signs of intoxication

- **Inhibitions:** Talkative, relaxed, overfriendly, loud, mood swings.
- **Judgement:** Inappropriate behavior, ordering doubles, drinking faster, complaints about drinks, foul language, anger, exuberance, impulsive acts, irrational comments
- **Reactions:** Loss of train of thought; eye, hand, speech coordination difficulties
- **Coordination:** Loss of balance, drowsiness, sloppiness

Employee action guidelines

1. Chat with guests and feel out how they are. Find out, if possible where else they have been.
2. Count drinks. Watch out for lined up drinks.
3. Slow down the speed of service when guests are ordering drinks frequently.
4. Delay serving rounds when there is more than one drink per person at the table.
5. Be aware of late hour multiple drink ordering and notify manager.
6. Do not serve a guest that has been served by another sales member until you find out how many drinks have already been served.
7. Do not serve a drink until you take the old one away.
8. If you believe you are dealing with an intoxicated guest – **GET THE MANAGER**



The Commonwealth of Massachusetts
ALCOHOLIC BEVERAGES CONTROL COMMISSION

FORM A
LICENSEE PERSONAL INFORMATION SHEET

THIS FORM MUST BE COMPLETED FOR EACH:

- ☒ A. NEW LICENSE APPLICANT
☐ B. APPOINTMENT OR CHANGE OF MANAGER
 IN A CORPORATION
☐ C. TRANSFER OF LICENSE (RETAIL ONLY-SEC. 12 & SEC. 15)

(Please check which transaction is the subject of an application accompanying this Form A.)

PLEASE TYPE OR PRINT ALL INFORMATION

ALL QUESTIONS MUST BE ANSWERED AND TELEPHONE NUMBERS PROVIDED OR
APPLICATION WILL NOT BE ACCEPTED.

1. LICENSEE NAME Amy Messier Bickhards Family Restaurants, Inc
 (NAME AS IT WILL APPEAR ON THE LICENSE)
2. NAME OF (PROPOSED) MANAGER AMY MESSIER
3. SOCIAL SECURITY NUMBER 015-70-9099
4. HOME (STREET) ADDRESS 7 Autumn St
5. AREA CODE AND TELEPHONE NUMBER (S): (Give both, your home telephone and a number at which you can be reached during the day).
 DAY TIME # 978-263-0442 HOME# 508-757-5765
6. PLACE OF BIRTH: Worce, MA 7. DATE OF BIRTH: 05-16-75
8. REGISTERED VOTER: X YES NO 8A. WHERE?: Worcester MA
9. ARE YOU A U. S. CITIZEN: X YES NO
10. COURT AND DATE OF NATURALIZATION (IF APPLICABLE):
 (Submit proof of citizenship and/or naturalization such as Voters Certificate, Birth Certificate or Naturalization Papers)

11. FATHER'S NAME: Mark 12. MOTHER'S MAIDEN NAME: White

13. IDENTIFY YOUR CRIMINAL RECORD, (Massachusetts, Military, any other State or Federal): ANY OTHER ARREST OR APPEARANCE IN CRIMINAL COURT CHARGED WITH A CRIMINAL OFFENSE REGARDLESS OF FINAL DISPOSITION:
____ YES X NO (MUST CHECK EITHER YES OR NO)

IF YES, PLEASE DESCRIBE OFFENSE (S) SPECIFIC CHARGE AND DISPOSITION (FINE, PENALTY, ETC.)

14. PRIOR EXPERIENCE IN THE LIQUOR INDUSTRY: ____ YES X NO
IF YES, PLEASE DESCRIBE:

15. FINANCIAL INTEREST, DIRECT OR INDIRECT, IN THIS OR ANY OTHER LIQUOR LICENSE, PERMIT OR CERTIFICATE: ____ YES X NO

IF YES, PLEASE DESCRIBE:

16. EMPLOYMENT FOR THE LAST TEN YEARS (Dates, Position, Employer, Address and if known, Telephone Numbers):
Bickfords 978-263-0442

17. HOURS PER WEEK TO BE SPENT ON THE LICENSED PREMISES: 50

18. I HEREBY SWEAR THAT UNDER THE PAINS AND PENALTIES OF PERJURY THAT THE INFORMATION I HAVE GIVEN IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

BY: Angela Messer

PROPOSED MANAGER SIGNATURE

5.30.03
DATE